AO 440 (Rev. 8/01) Summons in a Civil Action

## RETURN OF SERVICE

| | |
|---|---|
| Service of the Summons and complaint was made by me[1] | DATE 8/8/2007 |
| NAME OF SERVER *(PRINT)* NINEL YERMASH | TITLE PARALEGAL/LEGAL ASSISTANT |

*Check one box below to indicate appropriate method of service*

☐ Served personally upon the defendant. Place where served:

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:

☑ Other (specify):

Served vial Certified Mail Return Receipt Requested, CMR #7002 0510 0002 0248 9190. Served upon Atorney General US Department of Justice, 950 Pennsylvania NW, Washington, DC 20530

## STATEMENT OF SERVICE FEES

| TRAVEL | SERVICES | TOTAL |
|---|---|---|
| | | $0.00 |

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 8/14/2007 (Date) _____ (*Signature of Server*)

18 East 41st Street,Suite 1500,New York, NY 10017
*Address of Server*

Roxanna Mora

ROXANNA MORA
Commissioner of Deeds
City of New York
No. 2-12218
Commission Expires April 1, 2009

Sworn before me.
This 14th day of
August, 2007

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attorney General
U.S. Department of Justice
950 Pennsylvania Ave, NW
Washington, DC 20530-0001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) AUG [illegible] 2007 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 0510 0002 0248 9190

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

**U.S. Postal Service**
**CERTIFIED MAIL RECEIPT**
*(Domestic Mail Only; No Insurance Coverage Provided)*

| | |
|---|---|
| Postage | $ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| **Total Postage & Fees** | $ |

USPS NEW YORK STA [illegible] 08/30/05 Postmark Here

Sent To Attorney General, US Dept. of Justice
Street, Apt. No., or PO Box No. 950 Pennsylvania Ave, NW
City, State, ZIP+4 Washington, DC 20530-0001

7002 0510 0002 0248 9190

PS Form 3800, January 2001 See Reverse for Instructions